

<i>SERFF Tracking Number:</i>	<i>NTAL-126800642</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>National Teachers Associates Life Insurance Company</i>	<i>State Tracking Number:</i>	<i>46712</i>
<i>Company Tracking Number:</i>	<i>75-305 (8/10)</i>		
<i>TOI:</i>	<i>H21 Health - Other</i>	<i>Sub-TOI:</i>	<i>H21.000 Health - Other</i>
<i>Product Name:</i>	<i>75-305 (8/10) Supplemental Health Application</i>		
<i>Project Name/Number:</i>	<i>/</i>		

## Filing at a Glance

Company: National Teachers Associates Life Insurance Company

Product Name: 75-305 (8/10) Supplemental Health Application      SERFF Tr Num: NTAL-126800642      State: Arkansas

TOI: H21 Health - Other      SERFF Status: Closed-Approved-Closed      State Tr Num: 46712

Sub-TOI: H21.000 Health - Other      Co Tr Num: 75-305 (8/10)      State Status: Approved-Closed

Filing Type: Form      Author: Wm. Bradley Cox      Reviewer(s): Rosalind Minor  
 Date Submitted: 09/03/2010      Disposition Date: 09/09/2010  
 Disposition Status: Approved-Closed

Implementation Date Requested: On Approval      Implementation Date:  
 State Filing Description:

## General Information

Project Name:	Status of Filing in Domicile: Authorized
Project Number:	Date Approved in Domicile:
Requested Filing Mode: Informational	Domicile Status Comments: Filed Exempt
Explanation for Combination/Other:	Market Type: Individual
Submission Type: Resubmission	Previous Filing Number: 46616
Group Market Size:	Overall Rate Impact:
Group Market Type:	Filing Status Changed: 09/09/2010
Explanation for Other Group Market Type:	
State Status Changed: 09/09/2010	Deemer Date:
Created By: Wm. Bradley Cox	Submitted By: Wm. Bradley Cox
Corresponding Filing Tracking Number:	
PPACA: Not PPACA-Related	
Filing Description:	

After receiving approval and before being printed, it was discovered that there was a typographical error in this application.

The index on page one was incorrectly numbered.

SERFF Tracking Number: NTAL-126800642 State: Arkansas

Filing Company: National Teachers Associates Life Insurance Company State Tracking Number: 46712

Company Tracking Number: 75-305 (8/10)

TOI: H21 Health - Other Sub-TOI: H21.000 Health - Other

Product Name: 75-305 (8/10) Supplemental Health Application

Project Name/Number: /

A corrected version of the application is being submitted for approval.

No other changes have been made to the application.

## Company and Contact

### Filing Contact Information

David Mather, Compliance Analyst david.mather@ntalife.com  
 4949 Keller Springs Road 972-532-2133 [Phone] 2577 [Ext]  
 Addison, TX 75001 972-532-2194 [FAX]

### Filing Company Information

National Teachers Associates Life Insurance Company CoCode: 87963 State of Domicile: Texas  
 4949 Keller Springs Road Group Code: Company Type: LAH  
 Addison, TX 75001 Group Name: State ID Number:  
 (972) 532-2100 ext. [Phone] FEIN Number: 75-1623431

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## Filing Fees

Fee Required? Yes  
 Fee Amount: \$50.00  
 Retaliatory? No  
 Fee Explanation:  
 Per Company: No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
National Teachers Associates Life Insurance Company	\$50.00	09/03/2010	39229921

SERFF Tracking Number:	NTAL-126800642	State:	Arkansas
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Company Tracking Number:	75-305 (8/10)		
TOI:	H21 Health - Other	Sub-TOI:	H21.000 Health - Other
Product Name:	75-305 (8/10) Supplemental Health Application		
Project Name/Number:	/		

## Correspondence Summary

## Dispositions

Status	Created By	Created On	Date Submitted
Approved-Closed	Rosalind Minor	09/09/2010	09/09/2010

State: *Arkansas*

State Tracking Number: 46712

Company Tracking Number: 75-305 (8/10)

*Sub-TOI:* *H21.000 Health - Other*

Product Name: 75-305 (8/10) Supplemental Health Application

*Project Name/Number:* /

## Disposition

Disposition Date: 09/09/2010

Implementation Date:

Status: Approved-Closed

Comment:

Rate data does NOT apply to filing.

SERFF Tracking Number: NTAL-126800642 State: Arkansas

Filing Company: National Teachers Associates Life Insurance Company State Tracking Number: 46712

Company Tracking Number: 75-305 (8/10)

TOI: H21 Health - Other Sub-TOI: H21.000 Health - Other

Product Name: 75-305 (8/10) Supplemental Health Application

Project Name/Number: /

Schedule	Schedule Item	Schedule Item Status	Public Access
Supporting Document	Flesch Certification	Approved-Closed	Yes
Supporting Document	Application	Approved-Closed	Yes
Supporting Document	Health - Actuarial Justification	Approved-Closed	Yes
Supporting Document	Outline of Coverage	Approved-Closed	Yes
Supporting Document	PPACA Uniform Compliance Summary	Approved-Closed	Yes
Form	Application for Supplemental Health Insurance	Approved-Closed	Yes

SERFF Tracking Number: NTAL-126800642 State: Arkansas

Filing Company: National Teachers Associates Life Insurance Company State Tracking Number: 46712

Company Tracking Number: 75-305 (8/10)

TOI: H21 Health - Other Sub-TOI: H21.000 Health - Other

Product Name: 75-305 (8/10) Supplemental Health Application

Project Name/Number: /

## Form Schedule

### Lead Form Number:

Schedule Item	Form Number	Form Type Form Name	Action	Action Specific Data	Readability	Attachment
Approved-Closed 09/09/2010	75-305 (8/10)	Application/ Enrollment Form Application for Supplemental Health Insurance	Other	Other Explanation: Corrected Application	52.100	75-305 (8.10) rev 1.pdf

**NATIONAL TEACHERS ASSOCIATES  
LIFE INSURANCE COMPANY**

P.O. Box 802207, Dallas, Texas 75380  
Phone (888) 671-6771 Fax (972) 532-2180

**APPLICATION FOR SUPPLEMENTAL  
HEALTH INSURANCE**

**Check if applicable:**

- ☐ Name Change  
☐ Policy Reinstatement  
☐ Plan Change:  
Policy # \_\_\_\_\_  
☐ Other \_\_\_\_\_



Please supply the following information for each person applying for coverage. It will be used to determine eligibility for coverage, including age, height, weight, occupation, and medical information below. Maximum age for issuance is 64.

Name of Proposed Primary Insured (Last, First, Middle Initial)					Social Security No. - -				
Sex	Date of Birth		Age (Max. 64)	Height	Weight				
Address					E-mail Address				
City		County or Parish	State	Zip	CODES	St.	Cnty.	City	Bldg.
Home Phone ( )		Work Phone ( )		Cell Phone ( )		Best place and time to call (before 5 pm) <input type="checkbox"/> HM <input type="checkbox"/> WK <input type="checkbox"/> CELL / <input type="checkbox"/> AM <input type="checkbox"/> PM			
School System			School or Business				Occupation		

Complete only if Spouse is proposed to be a Covered Person under this policy or rider.

Name	Height	Weight	Date of Birth	Age (Max. 64)	Social Security No.
					- -

**Index of Question Numbers to Answer for the Listed Policies and Riders:**

Cancer Policy	Heart & Stroke Rider	All Purpose ICU Policy	Specified Disease Rider
1, 3, 6, 7	2, 3, 5, 6, 7	1 - 7	3, 4, 6, 7

**For questions 1-4: Within the past 10 years, has any person proposed for coverage: (i) had symptoms (other than question 3), (ii) received medical advice, (iii) been diagnosed or treated, or (iv) been prescribed medication for:**

- ☐ No ☐ Yes Cancer (including internal, in situ, melanoma, or skin cancer)? **If yes due to skin cancer (other than melanoma), \_\_\_\_\_ is/are excluded from benefits for skin cancer. If yes for any other cancer, \_\_\_\_\_ is/are excluded from the All Purpose ICU Policy and Cancer Policy and related riders.**
- ☐ No ☐ Yes Any disease, disorder, or abnormality of, or surgery related to, the heart, such as coronary artery disease, heart disease, or heart attack, (excluding: mitral valve prolapse; heart murmur; or irregular heart beat not treated with medication)?
  - ☐ No ☐ Yes Any disease, disorder, or abnormality of the circulatory system (including arteries, veins, vessels, and lymph nodes; excluding high blood pressure if controlled)?
  - ☐ No ☐ Yes Stroke, transient ischemic attack (TIA or mini-stroke), or any disease, disorder or abnormality of the carotid artery or circulatory system of the brain?  
**If yes to any part of question 2, \_\_\_\_\_ is/are excluded from the All Purpose ICU Policy and Heart Rider and related riders.**
- ☐ No ☐ Yes Acquired Immune Deficiency Syndrome (AIDS), AIDS Related Complex (ARC), or tested positive for antibodies to the AIDS virus? **If yes, \_\_\_\_\_ is/are excluded from benefits under all policies and riders.**
- ☐ No ☐ Yes Amyotrophic Lateral Sclerosis, Diphtheria, Encephalitis, Legionnaire's Disease, Lupus Erythematosus, Meningitis, Multiple Sclerosis, Muscular Dystrophy, Osteomyelitis, Poliomyelitis, Rabies, Scarlet Fever, Sickle Cell Anemia, Tetanus, Toxic Shock Syndrome, Tuberculosis, Tularemia, or Typhoid Fever? **If yes, \_\_\_\_\_ is/are excluded from benefits for \_\_\_\_\_ disease(s) under the Specified Disease Rider and All Purpose ICU Policy.**
- ☐ No ☐ Yes Has anyone proposed to be insured: (i) been diagnosed with Type I diabetes; or (ii) been prescribed insulin or insulin refills within the past 10 years? **If yes, \_\_\_\_\_ is/are excluded from the All Purpose ICU Policy and Heart Rider and related riders.**



**I have reviewed all responses provided  
in this application for accuracy.**

Initial \_\_\_\_\_

6. ☐ No ☐ Yes Is the policy for which you are applying intended to replace or change any of your existing accident and sickness policies? If yes, identify company and type of coverage: \_\_\_\_\_
7. ☐ Yes I understand the coverage for which I am applying does not provide benefits for loss attributable to preexisting medical conditions for 2 years after the Coverage Effective Date, and the policy and riders include a 30-day waiting period for coverage.
8. ☐ Yes I request a delayed Coverage Effective Date of \_\_\_\_\_. Preexisting conditions and the 30-day waiting period will be determined as of the Coverage Effective Date.

#### ☐ CANCER POLICY

☐ Indiv. Only ☐ One Parent ☐ Family  
☐ Basic ☐ Green ☐ Gold

#### OPTIONS:

☐ Benefit Booster Rider  
☐ Specified Disease Rider  
☐ All-Purpose ICU: Amount \$ \_\_\_\_\_  
☐ Other \_\_\_\_\_  
☐ Other \_\_\_\_\_

Total Monthly Premium for Policy and Optional Riders: \$ \_\_\_\_\_

#### ☐ ICU ALL PURPOSE POLICY

☐ Indiv. Only ☐ One Parent ☐ Family  
☐ \$300 ☐ \$600 ☐ \$900

#### OPTIONS:

☐ Heart Rider  
☐ Basic ☐ Green ☐ Gold  
☐ Benefit Booster Rider  
☐ Specified Disease Rider  
☐ Other \_\_\_\_\_

Total Monthly Premium for Policy and Optional Riders: \$ \_\_\_\_\_

#### MODE OF PAYMENT

Initial Premium ☐ Check Attached \*  
 with Application: ☐ Credit Card  
☐ Other \_\_\_\_\_

Recurring Monthly ☐ Bank Draft  
 Payments: ☐ Credit Card  
☐ Payroll Deduction  
☐ Other \_\_\_\_\_

Total combined premium applied for:  
 \$ \_\_\_\_\_

\* When a check is provided as a payment, National Teachers Associates Life Insurance Company (NTA) may use the information from the check to make a one-time electronic funds transfer (EFT) from your account or to process the payment as a check transaction. If we use information from the check to make an EFT, funds may be withdrawn from your account the same day that NTA receives your check. You may not receive the cancelled check from your financial institution.

**WARNING: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance may be guilty of a crime and may be subject to fines and confinement in prison.**

I (or we) certify that I have read or had read to me the completed application and submit it as my offer for the purchase of insurance. I understand that I have no coverage unless and until the policy is issued by the Company. I represent to the best of my knowledge, information and belief that the answers are true and correct and realize that any fraudulent statement or material misrepresentation in the application may result in a loss of coverage. I authorize the Company to call me on a recorded phone call to clarify or verify certain information in this application and agree that a transcript of such recording can be made a part of my application for insurance. No oral statement between the agent and me will be binding on the Company. No person to be covered under this policy is currently receiving benefits under Medicare or Medicaid. A copy of this application will be valid as if it were an original. I also certify that I have received a copy of the Company's Privacy Notice and HIPAA Notice of Privacy Practices.

DATED AT \_\_\_\_\_, THIS \_\_\_\_\_ DAY OF \_\_\_\_\_, \_\_\_\_\_ Year  
 \_\_\_\_\_ City and State \_\_\_\_\_ Day \_\_\_\_\_ Month \_\_\_\_\_ Year

X \_\_\_\_\_ X \_\_\_\_\_  
 Signature of Proposed Primary Insured Signature of Applicant (if not the Proposed Primary Insured)

#### BANK DRAFT AUTHORIZATION

**PLEASE ATTACH A SPECIMEN CHECK MARKED "VOID"**

I request and authorize National Teachers Associates Life Insurance Company to make withdrawals against the bank account specified on the attached specimen check, or any account subsequently named by me, and such bank(s) to process these withdrawals as if I had signed them for the purpose of collecting premiums under the policy. If the said account is replaced by an account in another bank, this request and authorization shall also apply to such other bank. I understand that I have the right to receive notice of each electronic debit entry that varies in amount from the previous entry, but I elect to receive such notice only when such entry differs from the previous entry by more than \$200.

X \_\_\_\_\_ / \_\_\_\_ / \_\_\_\_  
 Signature exactly as it appears on bank records Date Signed

Requested first draft date (1-28 only)

I certify that I have truly and accurately recorded on this Application the information supplied by the applicant.

X

Licensed Agent Signature

Printed Agent Name

License ID No.

Agent No.

4949 Keller Springs Road, Addison, TX 75001

1-800-TALK-NTA

Address

Phone





## NATIONAL TEACHERS ASSOCIATES LIFE INSURANCE COMPANY

P. O. Box 802207 • DALLAS, TEXAS 75380 • (888) 671-6771

Thank you for selecting National Teachers Associates Life Insurance Company for your insurance needs! We appreciate the confidence that you have shown in us by completing your application. We will work hard to prove that your confidence in us is justified.

Privacy laws require us to provide you with a copy of our Privacy Notice. If you indicated on your application that we could use your name for marketing purposes, we are also required to obtain your permission on the separate form below. We sincerely appreciate your vote of support for our products, and we ask that you to sign below indicating your consent.

We hope that your experience today has been a positive first step for us to prove our commitment to you. Thank you again for your participation. We are especially excited in having you apply to become a member of our ever-growing family of policyholders.

Sincerely,

Raymond J. Martin, Jr.  
President & CEO

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### PRIVACY NOTICE

- ❖ We do not rent, sell, lease or otherwise disclose your medical information or other nonpublic personal information (NPI) to nonaffiliated entities for purposes unrelated to our products and services, unless otherwise authorized by you or required by law.
- ❖ We use physical, electronic and procedural safeguards to protect NPI. These safeguards meet or exceed federal standards, and we review these safeguards regularly. We limit access to your NPI to only those who need it to perform their jobs. Our employees who misuse NPI are subject to disciplinary action, including termination.
- ❖ Anyone that provides services or products to you for us has agreed to protect your NPI.
- ❖ These principles apply to our past, current and future customers.

75-295 (10/08)

[Continued on the Reverse Side]



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## NATIONAL TEACHERS ASSOCIATES LIFE INSURANCE COMPANY

### PRIVACY CONSENT AND AUTHORIZATION FORM

I authorize National Teachers Associates Life Insurance Company ("NTA Life") and its affiliates to use my name, my employer's name, my job title, the insurance plan(s) that I have acquired, and any written correspondence with NTA Life or its affiliates for marketing purposes, as evidenced by my signature on this Privacy Consent and Authorization Form (the "Consent"). I understand that my written correspondence with NTA Life may contain medical information that NTA Life may otherwise have been prevented from disclosing under federal and/or state privacy laws.

I also understand that the information used or disclosed may be subject to re-disclosure by the person or class of persons receiving it, and it would then no longer be protected by privacy regulations. NTA Life will not condition future coverage on this Consent.

This Consent will remain in effect for the earlier of 24 months or until revoked by me in writing. I may revoke this Consent at any time by mailing a written request to NTA Life's Director of Compliance at 4949 Keller Springs Road, Addison, TX 75001. However, I understand that any action already taken in reliance on this Consent cannot be reversed, and my revocation will not affect these actions.

NTA Life will maintain a true and correct copy of this Consent in its files while it is in force. I have been provided an opportunity to keep a copy of this Consent for my own records. I am also entitled to a copy of this Consent upon written request to NTA Life's Director of Compliance at the address above.

Signature – Person Whose NPI May Be Disclosed

Printed Name

Date

Last 4 of SSN



M

## **INFORMATION WE MAY COLLECT**

As part of our normal underwriting and operating procedures, we must obtain NPI to perform our insurance functions.

- ❖ NPI that we collect may include an insured's name, address, date of birth, social security number, work history, income, medical history, policy beneficiary, premium payments, claims, information about insurance coverage, etc.
- ❖ NPI is collected from forms, telephone calls, personal conversations with our agents or employees, and from the Internet.
- ❖ NPI may be provided by you; your family, employer, or medical service provider; the individual named as the policy owner, insured person, payor, or beneficiary; or our agents.

## **INFORMATION WE MAY DISCLOSE**

We may share NPI that we collect and your dealings with us (such as your coverage, premiums and claim history) with our agents and other third parties who perform services or functions for us. You may not have a right to opt-out of disclosures of NPI that are critical to the service and administration of your policies. Other disclosures of NPI may be authorized by you or required by law.

## **AFFILIATES**

This privacy notice also applies to our affiliates, including insurance agencies, service organizations, and third party administrators such as National Teacher Associates, Inc. and its affiliated licensed corporate insurance agencies and AccuFlex Services, Inc.

## **HIPAA NOTICE OF PRIVACY PRACTICES**

A copy of our HIPAA Notice of Privacy Practices is included with your policy packet. Additional copies are available at [www.ntalife.com](http://www.ntalife.com) or by sending a **written request** to our Privacy Officer at 4949 Keller Springs Road, Addison, TX 75001.

## **NOTICE OF INFORMATION PRACTICES**

Some states require us to describe our information practices in addition to providing a Privacy Notice. We may obtain information about individuals covered under your policy. The information that we obtain is described in this Privacy Notice and our HIPAA Notice of Privacy Practices. We may disclose information without your consent to certain business affiliates or as permitted by law. You have the right to access and, if necessary, correct your information (other than information that relates to a claim or a judicial proceeding). You also have a right to request a written reason for any adverse underwriting decision. For additional details, submit a **written request** to our Privacy Officer at 4949 Keller Springs Road, Addison, TX 75001.

75-295 (10/08)

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**NATIONAL TEACHERS ASSOCIATES LIFE INSURANCE COMPANY**  
P.O. Box 802207 • DALLAS, TEXAS 75380 • (888) 671-6771



**Please Return the Privacy Consent  
and Authorization Form to the Home Office.**



**If you have a general question about this Privacy Notice, you may contact our Customer Service Department toll-free at (888) 671-6771 on Monday through Friday from 8:00 a.m. to 6:00 p.m. (central).**

SERFF Tracking Number: NTAL-126800642 State: Arkansas  
Filing Company: National Teachers Associates Life Insurance Company State Tracking Number: 46712  
Company Tracking Number: 75-305 (8/10)  
TOI: H21 Health - Other Sub-TOI: H21.000 Health - Other  
Product Name: 75-305 (8/10) Supplemental Health Application  
Project Name/Number: /

## Supporting Document Schedules

	Item Status:	Status Date:
<b>Satisfied - Item:</b> Flesch Certification <b>Comments:</b> <b>Attachments:</b> AR 19.pdf AR Read.pdf	Approved-Closed	09/09/2010
<b>Satisfied - Item:</b> Application <b>Comments:</b> <b>Attachment:</b> 75-305 (8.10) rev 1.pdf	Approved-Closed	09/09/2010
<b>Bypassed - Item:</b> Health - Actuarial Justification <b>Bypass Reason:</b> N/A <b>Comments:</b>	Approved-Closed	09/09/2010
<b>Bypassed - Item:</b> Outline of Coverage <b>Bypass Reason:</b> N/A <b>Comments:</b>	Approved-Closed	09/09/2010
<b>Bypassed - Item:</b> PPACA Uniform Compliance Summary	Approved-Closed	09/09/2010

<i>SERFF Tracking Number:</i>	<i>NTAL-126800642</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>National Teachers Associates Life Insurance Company</i>	<i>State Tracking Number:</i>	<i>46712</i>
<i>Company Tracking Number:</i>	<i>75-305 (8/10)</i>		
<i>TOI:</i>	<i>H21 Health - Other</i>	<i>Sub-TOI:</i>	<i>H21.000 Health - Other</i>
<i>Product Name:</i>	<i>75-305 (8/10) Supplemental Health Application</i>		
<i>Project Name/Number:</i>	<i>/</i>		
<b>Bypass Reason:</b>	<b>N/A</b>		
<b>Comments:</b>			




# **NATIONAL TEACHERS ASSOCIATES LIFE INSURANCE COMPANY**

4949 Keller Springs Road • Addison, Texas 75001-5910  
(972) 532-2100 • Fax (972) 532-2194  
[www.ntalife.com](http://www.ntalife.com)

## **ARKANSAS**

To the best of my knowledge, this submission meets the requirements of the Rule and Regulation 19 and the applicable requirements of the Arkansas Department of Insurance.

Signed   
William Bradley Cox  
General Counsel and  
Vice President

Date 8-25-10



# **NATIONAL TEACHERS ASSOCIATES LIFE INSURANCE COMPANY**

4949 Keller Springs Road • Addison, Texas 75001-5910  
(972) 532-2100 • Fax (972) 532-2194  
[www.ntalife.com](http://www.ntalife.com)


## **ARKANSAS**

I hereby certify that to the best of my knowledge and belief the following forms, according to the  
Flesh test, have these readability scores:

Defined terms and headings have been excluded for purposes of the calculation of the  
Readability score.

<b>FORM</b>	<b>FORM NO.</b>	<b>SCORE</b>
Application for Supplemental Health Insurance	75-305 (8/10)	52.1

Signed

  
William Bradley Cox  
General Counsel and  
Vice President

Date

8-25-10

**NATIONAL TEACHERS ASSOCIATES  
LIFE INSURANCE COMPANY**

P.O. Box 802207, Dallas, Texas 75380  
Phone (888) 671-6771 Fax (972) 532-2180

**APPLICATION FOR SUPPLEMENTAL  
HEALTH INSURANCE**

**Check if applicable:**

- ☐ Name Change  
☐ Policy Reinstatement  
☐ Plan Change:  
Policy # \_\_\_\_\_  
☐ Other \_\_\_\_\_



Please supply the following information for each person applying for coverage. It will be used to determine eligibility for coverage, including age, height, weight, occupation, and medical information below. Maximum age for issuance is 64.

Name of Proposed Primary Insured (Last, First, Middle Initial)					Social Security No. - -				
Sex	Date of Birth		Age (Max. 64)	Height	Weight				
Address					E-mail Address				
City		County or Parish	State	Zip	CODES	St.	Cnty.	City	Bldg.
Home Phone ( )		Work Phone ( )		Cell Phone ( )		Best place and time to call (before 5 pm) <input type="checkbox"/> HM <input type="checkbox"/> WK <input type="checkbox"/> CELL / <input type="checkbox"/> AM <input type="checkbox"/> PM			
School System			School or Business				Occupation		

Complete only if Spouse is proposed to be a Covered Person under this policy or rider.

Name	Height	Weight	Date of Birth	Age (Max. 64)	Social Security No.
					- -

**Index of Question Numbers to Answer for the Listed Policies and Riders:**

Cancer Policy	Heart & Stroke Rider	All Purpose ICU Policy	Specified Disease Rider
1, 3, 6, 7	2, 3, 5, 6, 7	1 - 7	3, 4, 6, 7

**For questions 1-4: Within the past 10 years, has any person proposed for coverage: (i) had symptoms (other than question 3), (ii) received medical advice, (iii) been diagnosed or treated, or (iv) been prescribed medication for:**

- ☐ No ☐ Yes Cancer (including internal, in situ, melanoma, or skin cancer)? **If yes due to skin cancer (other than melanoma), \_\_\_\_\_ is/are excluded from benefits for skin cancer. If yes for any other cancer, \_\_\_\_\_ is/are excluded from the All Purpose ICU Policy and Cancer Policy and related riders.**
- ☐ No ☐ Yes Any disease, disorder, or abnormality of, or surgery related to, the heart, such as coronary artery disease, heart disease, or heart attack, (excluding: mitral valve prolapse; heart murmur; or irregular heart beat not treated with medication)?
  - ☐ No ☐ Yes Any disease, disorder, or abnormality of the circulatory system (including arteries, veins, vessels, and lymph nodes; excluding high blood pressure if controlled)?
  - ☐ No ☐ Yes Stroke, transient ischemic attack (TIA or mini-stroke), or any disease, disorder or abnormality of the carotid artery or circulatory system of the brain?  
**If yes to any part of question 2, \_\_\_\_\_ is/are excluded from the All Purpose ICU Policy and Heart Rider and related riders.**
- ☐ No ☐ Yes Acquired Immune Deficiency Syndrome (AIDS), AIDS Related Complex (ARC), or tested positive for antibodies to the AIDS virus? **If yes, \_\_\_\_\_ is/are excluded from benefits under all policies and riders.**
- ☐ No ☐ Yes Amyotrophic Lateral Sclerosis, Diphtheria, Encephalitis, Legionnaire's Disease, Lupus Erythematosus, Meningitis, Multiple Sclerosis, Muscular Dystrophy, Osteomyelitis, Poliomyelitis, Rabies, Scarlet Fever, Sickle Cell Anemia, Tetanus, Toxic Shock Syndrome, Tuberculosis, Tularemia, or Typhoid Fever? **If yes, \_\_\_\_\_ is/are excluded from benefits for \_\_\_\_\_ disease(s) under the Specified Disease Rider and All Purpose ICU Policy.**
- ☐ No ☐ Yes Has anyone proposed to be insured: (i) been diagnosed with Type I diabetes; or (ii) been prescribed insulin or insulin refills within the past 10 years? **If yes, \_\_\_\_\_ is/are excluded from the All Purpose ICU Policy and Heart Rider and related riders.**



I have reviewed all responses provided  
in this application for accuracy.

Initial \_\_\_\_\_

6. ☐ No ☐ Yes Is the policy for which you are applying intended to replace or change any of your existing accident and sickness policies? If yes, identify company and type of coverage: \_\_\_\_\_
7. ☐ Yes I understand the coverage for which I am applying does not provide benefits for loss attributable to preexisting medical conditions for 2 years after the Coverage Effective Date, and the policy and riders include a 30-day waiting period for coverage.
8. ☐ Yes I request a delayed Coverage Effective Date of \_\_\_\_\_. Preexisting conditions and the 30-day waiting period will be determined as of the Coverage Effective Date.

#### ☐ CANCER POLICY

☐ Indiv. Only ☐ One Parent ☐ Family  
☐ Basic ☐ Green ☐ Gold

#### OPTIONS:

☐ Benefit Booster Rider  
☐ Specified Disease Rider  
☐ All-Purpose ICU: Amount \$ \_\_\_\_\_  
☐ Other \_\_\_\_\_  
☐ Other \_\_\_\_\_

Total Monthly Premium for Policy and Optional Riders: \$ \_\_\_\_\_

#### ☐ ICU ALL PURPOSE POLICY

☐ Indiv. Only ☐ One Parent ☐ Family  
☐ \$300 ☐ \$600 ☐ \$900

#### OPTIONS:

☐ Heart Rider  
☐ Basic ☐ Green ☐ Gold  
☐ Benefit Booster Rider  
☐ Specified Disease Rider  
☐ Other \_\_\_\_\_

Total Monthly Premium for Policy and Optional Riders: \$ \_\_\_\_\_

#### MODE OF PAYMENT

Initial Premium ☐ Check Attached \*  
 with Application: ☐ Credit Card  
☐ Other \_\_\_\_\_

Recurring Monthly Payments: ☐ Bank Draft  
☐ Credit Card  
☐ Payroll Deduction  
☐ Other \_\_\_\_\_

Total combined premium applied for:  
 \$ \_\_\_\_\_

\* When a check is provided as a payment, National Teachers Associates Life Insurance Company (NTA) may use the information from the check to make a one-time electronic funds transfer (EFT) from your account or to process the payment as a check transaction. If we use information from the check to make an EFT, funds may be withdrawn from your account the same day that NTA receives your check. You may not receive the cancelled check from your financial institution.

**WARNING: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance may be guilty of a crime and may be subject to fines and confinement in prison.**

I (or we) certify that I have read or had read to me the completed application and submit it as my offer for the purchase of insurance. I understand that I have no coverage unless and until the policy is issued by the Company. I represent to the best of my knowledge, information and belief that the answers are true and correct and realize that any fraudulent statement or material misrepresentation in the application may result in a loss of coverage. I authorize the Company to call me on a recorded phone call to clarify or verify certain information in this application and agree that a transcript of such recording can be made a part of my application for insurance. No oral statement between the agent and me will be binding on the Company. No person to be covered under this policy is currently receiving benefits under Medicare or Medicaid. A copy of this application will be valid as if it were an original. I also certify that I have received a copy of the Company's Privacy Notice and HIPAA Notice of Privacy Practices.

DATED AT \_\_\_\_\_, THIS \_\_\_\_\_ DAY OF \_\_\_\_\_, \_\_\_\_\_ Year  
 \_\_\_\_\_ City and State \_\_\_\_\_ Day \_\_\_\_\_ Month \_\_\_\_\_ Year

X \_\_\_\_\_ X \_\_\_\_\_  
 Signature of Proposed Primary Insured Signature of Applicant (if not the Proposed Primary Insured)

#### BANK DRAFT AUTHORIZATION

**PLEASE ATTACH A SPECIMEN CHECK MARKED "VOID"**

I request and authorize National Teachers Associates Life Insurance Company to make withdrawals against the bank account specified on the attached specimen check, or any account subsequently named by me, and such bank(s) to process these withdrawals as if I had signed them for the purpose of collecting premiums under the policy. If the said account is replaced by an account in another bank, this request and authorization shall also apply to such other bank. I understand that I have the right to receive notice of each electronic debit entry that varies in amount from the previous entry, but I elect to receive such notice only when such entry differs from the previous entry by more than \$200.

X \_\_\_\_\_ / \_\_\_\_ / \_\_\_\_  
 Signature exactly as it appears on bank records Date Signed

Requested first draft date (1-28 only)

I certify that I have truly and accurately recorded on this Application the information supplied by the applicant.

X

Licensed Agent Signature

Printed Agent Name

License ID No.

Agent No.

4949 Keller Springs Road, Addison, TX 75001

1-800-TALK-NTA

Address

Phone





## NATIONAL TEACHERS ASSOCIATES LIFE INSURANCE COMPANY

P. O. Box 802207 • DALLAS, TEXAS 75380 • (888) 671-6771

Thank you for selecting National Teachers Associates Life Insurance Company for your insurance needs! We appreciate the confidence that you have shown in us by completing your application. We will work hard to prove that your confidence in us is justified.

Privacy laws require us to provide you with a copy of our Privacy Notice. If you indicated on your application that we could use your name for marketing purposes, we are also required to obtain your permission on the separate form below. We sincerely appreciate your vote of support for our products, and we ask that you to sign below indicating your consent.

We hope that your experience today has been a positive first step for us to prove our commitment to you. Thank you again for your participation. We are especially excited in having you apply to become a member of our ever-growing family of policyholders.

Sincerely,

Raymond J. Martin, Jr.  
President & CEO

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### PRIVACY NOTICE

- ❖ We do not rent, sell, lease or otherwise disclose your medical information or other nonpublic personal information (NPI) to nonaffiliated entities for purposes unrelated to our products and services, unless otherwise authorized by you or required by law.
- ❖ We use physical, electronic and procedural safeguards to protect NPI. These safeguards meet or exceed federal standards, and we review these safeguards regularly. We limit access to your NPI to only those who need it to perform their jobs. Our employees who misuse NPI are subject to disciplinary action, including termination.
- ❖ Anyone that provides services or products to you for us has agreed to protect your NPI.
- ❖ These principles apply to our past, current and future customers.

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## NATIONAL TEACHERS ASSOCIATES LIFE INSURANCE COMPANY

### PRIVACY CONSENT AND AUTHORIZATION FORM

I authorize National Teachers Associates Life Insurance Company ("NTA Life") and its affiliates to use my name, my employer's name, my job title, the insurance plan(s) that I have acquired, and any written correspondence with NTA Life or its affiliates for marketing purposes, as evidenced by my signature on this Privacy Consent and Authorization Form (the "Consent"). I understand that my written correspondence with NTA Life may contain medical information that NTA Life may otherwise have been prevented from disclosing under federal and/or state privacy laws.

I also understand that the information used or disclosed may be subject to re-disclosure by the person or class of persons receiving it, and it would then no longer be protected by privacy regulations. NTA Life will not condition future coverage on this Consent.

This Consent will remain in effect for the earlier of 24 months or until revoked by me in writing. I may revoke this Consent at any time by mailing a written request to NTA Life's Director of Compliance at 4949 Keller Springs Road, Addison, TX 75001. However, I understand that any action already taken in reliance on this Consent cannot be reversed, and my revocation will not affect these actions.

NTA Life will maintain a true and correct copy of this Consent in its files while it is in force. I have been provided an opportunity to keep a copy of this Consent for my own records. I am also entitled to a copy of this Consent upon written request to NTA Life's Director of Compliance at the address above.

Signature – Person Whose NPI May Be Disclosed

Printed Name

Date

Last 4 of SSN



M

## **INFORMATION WE MAY COLLECT**

As part of our normal underwriting and operating procedures, we must obtain NPI to perform our insurance functions.

- ❖ NPI that we collect may include an insured's name, address, date of birth, social security number, work history, income, medical history, policy beneficiary, premium payments, claims, information about insurance coverage, etc.
- ❖ NPI is collected from forms, telephone calls, personal conversations with our agents or employees, and from the Internet.
- ❖ NPI may be provided by you; your family, employer, or medical service provider; the individual named as the policy owner, insured person, payor, or beneficiary; or our agents.

## **INFORMATION WE MAY DISCLOSE**

We may share NPI that we collect and your dealings with us (such as your coverage, premiums and claim history) with our agents and other third parties who perform services or functions for us. You may not have a right to opt-out of disclosures of NPI that are critical to the service and administration of your policies. Other disclosures of NPI may be authorized by you or required by law.

## **AFFILIATES**

This privacy notice also applies to our affiliates, including insurance agencies, service organizations, and third party administrators such as National Teacher Associates, Inc. and its affiliated licensed corporate insurance agencies and AccuFlex Services, Inc.

## **HIPAA NOTICE OF PRIVACY PRACTICES**

A copy of our HIPAA Notice of Privacy Practices is included with your policy packet. Additional copies are available at [www.ntalife.com](http://www.ntalife.com) or by sending a **written request** to our Privacy Officer at 4949 Keller Springs Road, Addison, TX 75001.

## **NOTICE OF INFORMATION PRACTICES**

Some states require us to describe our information practices in addition to providing a Privacy Notice. We may obtain information about individuals covered under your policy. The information that we obtain is described in this Privacy Notice and our HIPAA Notice of Privacy Practices. We may disclose information without your consent to certain business affiliates or as permitted by law. You have the right to access and, if necessary, correct your information (other than information that relates to a claim or a judicial proceeding). You also have a right to request a written reason for any adverse underwriting decision. For additional details, submit a **written request** to our Privacy Officer at 4949 Keller Springs Road, Addison, TX 75001.

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**NATIONAL TEACHERS ASSOCIATES LIFE INSURANCE COMPANY**  
P.O. Box 802207 • DALLAS, TEXAS 75380 • (888) 671-6771



**Please Return the Privacy Consent  
and Authorization Form to the Home Office.**



**If you have a general question about this Privacy Notice, you may contact our Customer Service Department toll-free at (888) 671-6771 on Monday through Friday from 8:00 a.m. to 6:00 p.m. (central).**